

2011 JUL 18 AM 8:57

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs

1. NAME OF COMMITTEE (in full) Republican Indian Committee		TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5	
ADDRESS (number and street) 110319 Westlake Drive Suite 234		CITY Bethesda	
Check if different than previously reported. (ACC)		STATE MD	ZIP CODE 20817
2. FEC IDENTIFICATION NUMBER 000991292		3. IS THIS REPORT <input checked="" type="checkbox"/> NEW (N) OR <input type="checkbox"/> AMENDED (A)	
4. STATE MD		DISTRICT 17	
5. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) <input checked="" type="checkbox"/> July 15 Quarterly Report (Q2) and/or Semi-annual Report October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) and/or Semi-annual Report July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report		(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) This report also covers the semi-annual period Special (12S) Convention (12C) M M / D D / Y Y Y Y in the State of See Line 6(b) Election on (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period M M / D D / Y Y Y Y in the State of See Line 6(b) Election on	
6. Covered Period(s) This report covers 09/16/2011 through 07/15/2011 and/or (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period January 1 - June 30 July 1 - December 31			
7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs 0.00		(a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer

Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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02/2009